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| <b>Case Number:</b>   | CM15-0134412 |                              |            |
| <b>Date Assigned:</b> | 07/22/2015   | <b>Date of Injury:</b>       | 06/15/2000 |
| <b>Decision Date:</b> | 08/26/2015   | <b>UR Denial Date:</b>       | 07/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male, who sustained an industrial injury on 6/15/2000. The medical records submitted for this review did not include documentation regarding the details of the initial injury. Diagnoses include thoracic/lumbosacral radiculitis; degenerative cervical disc disease, muscle spasm, cervicgia, myalgia and myositis, post laminectomy syndrome, and lumbar disc displacement without myelopathy, status post multiple spinal surgeries. Treatments to date include medication therapy, physical therapy, home exercise, and implantation of a spinal cord stimulator unit. Currently, he complained of no changes in the low back pain. Current medications listed included MS Contin, MS-IR, Colace, Miralax, Prilosec, Valium, Lexapro, and Methadone. The documentation indicated a trial of Movantik 25mg tablets had been sampled. On 6/29/15, the physical examination documented lumbar tenderness with neuropathy to bilateral lower extremities. The plan of care included Movantik (Naloxegol) 25mg.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Movantik 25 mg, no refill (dosage & frequency not provided):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com-Movantik.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77. Decision based on Non-MTUS Citation drugs.com: Movantik.

**Decision rationale:** Based on the 06/29/15 progress report provided by treating physician, the patient presents with low back pain. The request is for MOVANTIK 25 MG, NO REFILL (DOSAGE & FREQUENCY NOT PROVIDED). The Request for Authorization form is dated 06/30/15. CT of the lumbar spine, 07/22/14, shows solid bony fusion throughout the lumbar spine with orthopedic hardware in the lower lumbar spine. Foraminal encroachment in the lower lumbar spine being most prominent in the lateral aspect of the right L5-S1 foramen. Physical examination reveals residual low back pain and neuropathy to bilateral lower extremities, bottom of feet, but is having good control otherwise. He continues to have an antalgic gait and is needing a walker. Recommend regular home exercise/physical therapy on an ongoing regular basis. Patient's medications include Fentora, Lexapro, Methadone, Miralax, Morphine, Prilosec, Trazodone and Valium. Repeat UDT done 12/15/14, screening consistent. Per progress report dated 06/29/15, the patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." Drugs.com states: "Movantik (Naloxegol) is a prescription medicine that blocks certain effects of narcotic medicines. Movantik is used to treat constipation caused by prescription pain medicines called narcotic or opiates, in adults with long-lasting (chronic) pain that is not caused by cancer. Naloxegol treats constipation without reducing the pain-relieving effects of the narcotic. Movantik is used in people who have been taking narcotic pain medicine for at least 4 weeks, to treat chronic pain that is not caused by cancer." Treater does not specifically discuss this medication. It appears this is the initial trial prescription of Movantik. Per drugs.com, Movantik is used in people who have been taking narcotic pain medicine for at least 4 weeks. In this case, review of provided medical records indicate the patient's medications include Fentora, Methadone and Morphine, which are opiates, since at least 01/12/15. MTUS guideline recognizes constipation as a common side effect of chronic opiate use. Therefore, the request is medically necessary.